PTO/SB/01 (10-00)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ETH1690CIP2 **DECLARATION** Attorney Docket Number AND **POWER OF ATTORNEY Howard Scalzo** First Named Inventor FOR UTILITY OR DESIGN COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** □ Declaration Submitted with □ Declaration Submitted after Filing Date OR Initial Filing (Surcharge Initial Filing (37 CFR 1.16(e)) required) **Group Art Unit Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PACKAGED ANTIMICROBIAL MEDICAL DEVICE AND METHOD OF PREPARING SAME (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number . I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy** Foreign Filing Date **Priority Prior Foreign** Not Claimed Attached? Country (MM/DD/YYYY) **Application** YES Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C.	119(e) of any United States provisional ap	plication(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)					
60/416,114	10/04/2002	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
10/367,497 10/603,317	02/15/2003 06/25/2003	Pending Pending				
I hereby appoint:						
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here					
Practitioner(s) named below: Name Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Blossom E. Loo at telephone number (732) 524-1596.						
Customer Number Direct all correspondence to:						
Name:						
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Address:						
Chy:	State:	ZIP				
Country	Telaphone:	Fax:				

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF FIRST INVENTOR:	OR: A petition has been filed for this unsigned inventor				
		Family Name or Surname			
inventor's Signature		 ,	Date		
Residence: City Kenilworth,	State NJ	Count	ny USA	Citizenship USA	
Mailing Address 16 North 11th Street					
City Kenilworth,	State NJ	ZIP 0		Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Jerome A. Family Name or Surname Fischer					
Inventor's Signature			Date		
Residence: City Warren,	State NJ	Count	ry USA	CitizenshipUSA	
Mailing Address 5 Mattben Drive					
City Warren,	State NJ	ZIP 0	7059	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
AME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Family Name first and middle [if any]) Stephen Or Surname Rothenburger					
Inventor's Signature Date					
			Date		
Residence: City Phillipsburg,	State NJ	Count	Date try USA	Citizenship USA	
Residence: City Phillipsburg, Mailing Address 729 Ridge Road	State NJ	Count	! 	Citizenship USA	